Inverse psoriasis

Editor – We enjoyed the article 'Psoriasis: guidance on assessment and referral' (Clin Med 2014;2:178–82). As a dermatologist and non-specialist in dermatology we found it was a useful summary from the recent National Institute for Health and Care Excellence (NICE) clinical guidelines on the assessment and management of psoriasis relevant to the non-dermatologist. However, we do think that there is one very useful subtype of psoriasis missing: inverse psoriasis. Inverse psoriasis affects armpits, groins and genital area. It is a specific subtype that is not only difficult to recognise but also to treat. It should be considered in all cases of chronic inflammatory dermatitis affecting flexural areas and folds unresponsive to antifungal treatment or with negative fungal investigation, especially if there is a family background of psoriasis. Furthermore the sudden onset of inverse psoriasis, especially in adults, might be an indicator of HIV that the non-

dermatologist should be made aware of. Therefore, we feel that this subtype deserves a mention in your article, including the adequate management (biopsy, HIV serology and consultation with a specialist).¹

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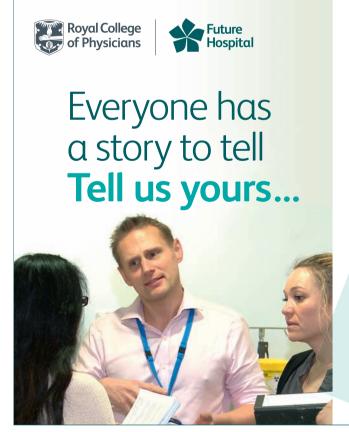
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Reference

 Morar N, Willis-Owen SA, Maurer T, Bunker CB. HIV-associated psoriasis: pathogenesis, clinical features, and management. *Lancet Infect Dis* 2010;10:470–8.



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